Culpeper County

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DECK PLAN REQUIREMENTS

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Minimum sheet size: 11 x 17", no pencil.
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Stair details (if applicable)
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Culpeper County DECK PERMIT APPLICATION (with Plans)

Applicant must submit County or Town Zoning Permit with this application. Application should reflect actual work being performed. Application must be filled out completely.

 ☐ Residential ☐ Commercial CODE: ☐ 2006 IRC (International International I						
SCOPE OF WORK Deck Size X = S	SCOPE OF WORK Deck Size X = Sq. Ft. #Levels # Stairs					
TYPE OF CONSTRUCTION						
Information requested is required.	Information requested is required.					
OWNER	CONTRACTOR					
Address:	Address:					
City /Town State zip code Date of Birth: / / Month / Date / Year(ex.1960).	City/Town State zip code Business Phone:					
IF APPLICABLE PLEASE COMPLETE. As the owner of this property, I have assigned the following	License NoClassExpiration Date:					
Contractor/Person to pull this Building Permit on my behalf. Date:	Completed by intake Permit Technician ☐ Contractor License verified					
Owner Signature:	Contract Amt. \$Total Sq. Footage					
Representative/Agent Name	Estimated Time of Construction:					
Telephone:	CONTACT PERSON					
Email Address:	Person to answer Plan Review Questions & Permit Pick UP					
Site Address:	CONTACT DAY PHONE:					
	CONTACT CELL PHONE:					
Directions:	Email Address:					
IMPORTANT: It is the responsibility of the person issued this permit to insure adherence to all zoning and building regulations. It is the responsibility of the person issued this permit to contact this office for all building inspections and a final inspection must be conducted to close out the permit.						
▼	Date:					
Signature of Owner/Representative/Agent	Printed Name					

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Subtotal: 2.0% Levy per USBC County Zoning Site Plan Fee \$ 40.00
County Agreement in Lieu of Plans \$ 100.00
County Zoning Fee \$
LESS: Administrative Fee (if applicable) \$() Date paid
Total: \$
LIEN AGENT Address City, State, Zip
Phone and fax None Designated

☐ OWNER (Acting	of (address)		ffirm that I am the owner of a	certain tract or parcel of land located at
improve an existing structure	in the County of 0	a Culpeper and that I have applie	d for a building permit to ere	ct a structure on said land or repair or
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Signature of Owner		Print Name	$\overline{}$	Date
• • • • • • • •				
□ CONTRACTOR	– AFFIDAVIT			
laddress of owner)structure or repair or improv	of (address) ve an existing structure on s	said land known as (site addr	and that I have applied	d into a contract with (name and for a building permit to erect a
before he may bid or unde awarding authority specif	ertake contracting work of fied in Section 54.1111 of to any contractor not pro	of \$1,000 or more. I further the Code which prohibits a	certify that I am familiar w ny awarding authority fro	ontractor to be properly licensed vith the responsibilities of an m issuing permits or allowing the d that to do so would constitute the
				C contractor for any job of \$1,000 or ass A contractor for any job of
subject to licensure as a co	htractor, subcontractor, or		such title. I affirm that I have	erintend this work; OR I am not we paid in full any license fees required wen applied.
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Email Address:	Person to answer Plan Review Questions & Permit Pick UP					
Site Address:	CONTACT DAY PHONE:					
	CONTACT CELL PHONE:					
Directions:	Email Address:					
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before he may bid or unde awarding authority specif	ertake contracting work of fied in Section 54.1111 of to any contractor not pro	of \$1,000 or more. I further the Code which prohibits a	certify that I am familiar w ny awarding authority fro	ontractor to be properly licensed vith the responsibilities of an m issuing permits or allowing the d that to do so would constitute the
				C contractor for any job of \$1,000 or ass A contractor for any job of
subject to licensure as a co	htractor, subcontractor, or		such title. I affirm that I have	erintend this work; OR I am not we paid in full any license fees required wen applied.
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OWNER	CONTRACTOR					
Address:	Address:					
City /Town State zip code Date of Birth: / / Month / Date / Year(ex.1960).	City/Town State zip code Business Phone:					
IF APPLICABLE PLEASE COMPLETE. As the owner of this property, I have assigned the following	License NoClassExpiration Date:					
Contractor/Person to pull this Building Permit on my behalf. Date:	Completed by intake Permit Technician ☐ Contractor License verified					
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Email Address:	Person to answer Plan Review Questions & Permit Pick UP					
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Directions:	Email Address:					
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The following information will help you get started on building your own deck.

DECK PLAN REQUIREMENTS

Minimum scale of 1/4 inch = 1 foot; all dimensions must be shown.
Minimum sheet size: 11 x 17", no pencil.
If using our Deck Package, plans are not necessary
Footing details (minimum footing depth is 18").
Size of all posts, joists, and beams, shown on a framing plan (Foot Print).
Handrail and guardrail details.
Stair details (if applicable)
Attachment details, such as attachment to house, flashing detail, joist to beam connections, rail to post connections, post to footing, etc.
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Culpeper County DECK PERMIT APPLICATION (with Plans)

Applicant must submit County or Town Zoning Permit with this application. Application should reflect actual work being performed. Application must be filled out completely.

 ☐ Residential ☐ Commercial CODE: ☐ 2006 IRC (International International I							
SCOPE OF WORK Deck Size X = S	SCOPE OF WORK Deck Size X = Sq. Ft. #Levels # Stairs						
TYPE OF CONSTRUCTION							
Information requested is required.	Information requested is required.						
OWNER	CONTRACTOR						
Address:	Address:						
City /Town State zip code Date of Birth: / / Month / Date / Year(ex.1960).	City/Town State zip code Business Phone:						
IF APPLICABLE PLEASE COMPLETE. As the owner of this property, I have assigned the following	License NoClassExpiration Date:						
Contractor/Person to pull this Building Permit on my behalf. Date:	Completed by intake Permit Technician ☐ Contractor License verified						
Owner Signature:	Contract Amt. \$Total Sq. Footage						
Representative/Agent Name	Estimated Time of Construction:						
Telephone:	CONTACT PERSON						
Email Address:	Person to answer Plan Review Questions & Permit Pick UP						
Site Address:	CONTACT DAY PHONE:						
	CONTACT CELL PHONE:						
Directions:	Email Address:						
IMPORTANT: It is the responsibility of the person issued this permit to insure adherence to all zoning and building regulations. It is the responsibility of the person issued this permit to contact this office for all building inspections and a final inspection must be conducted to close out the permit.							
▼	Date:						
Signature of Owner/Representative/Agent	Printed Name						

Deck #1 - Size: X = sq. ft. Deck #2 - Size: X = sq. ft. Deck #3 - Size: X = sq. ft. Total sq. ft. Administrative Fee (if applicable) \$
Administrative Fee (if applicable) \$
Residential Minimum \$50.00 Commercial Minimum \$75.00
Permit Fee ** \$ (\$.10 per sq.ft) Residential minimum of \$50.00 Commercial minimum \$125.00
Setback Fee ** <u>\$ 15.00</u>
Site Work Fee ** \$ <u>15.00</u>
Pre-work ** \$
Plan Review Fee ** \$
Subtotal: 2.0% Levy per USBC County Zoning Site Plan Fee \$ 40.00
County Agreement in Lieu of Plans \$ 100.00
County Zoning Fee \$
LESS: Administrative Fee (if applicable) \$() Date paid
Total: \$
LIEN AGENT Address City, State, Zip
Phone and fax None Designated

☐ OWNER (Acting	of (address)		ffirm that I am the owner of a	certain tract or parcel of land located at
improve an existing structure	in the County of 0	a Culpeper and that I have applie	d for a building permit to ere	ct a structure on said land or repair or
may bid or undertake conti specified in Section 54.111	racting work of \$1,000 or n 1 of the Code which prohi	nore. I further certify that I ar bits any awarding authority fi	n familiar with the respons rom issuing permits or allo	tor to be properly licensed before he ibilities of an awarding authority wing the issuance of such permits to be commission of a misdemeanor.
	B contractor for any job of \$			e, but less than \$7,500; that a contractor r must be licensed as a Class A
	a period of 6 months at any	time after work is commenced		mit issuance, or if construction or work is lus 2.0% State surcharge (\$25.50) shall
this type of work will be comp	olied with whether specified h		permit does not presume to	visions of laws and ordinances governing give authority to violate or cancel the
Signature of Owner		Print Name	$\overline{}$	Date
• • • • • • • •				
□ CONTRACTOR	– AFFIDAVIT			
laddress of owner)structure or repair or improv	of (address) ve an existing structure on s	said land known as (site addr	and that I have applied	d into a contract with (name and for a building permit to erect a
before he may bid or unde awarding authority specif	ertake contracting work of fied in Section 54.1111 of to any contractor not pro	of \$1,000 or more. I further the Code which prohibits a	certify that I am familiar w ny awarding authority fro	ontractor to be properly licensed vith the responsibilities of an m issuing permits or allowing the d that to do so would constitute the
				C contractor for any job of \$1,000 or ass A contractor for any job of
subject to licensure as a co	htractor, subcontractor, or		such title. I affirm that I have	erintend this work; OR I am not we paid in full any license fees required wen applied.
	a period of 6 months at any	time after work is commenced		nit issuance, or if construction or work is lus 2.0% State surcharge (\$25.50) shall
governing this type of work	will be complied with wheth		e granting of a permit does	all provisions of laws and ordinances not presume to give authority to instruction.
Signature of Contractor/Aut	horized Agent	Print Name		 Date

Culpeper County

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 ☐ Residential ☐ Commercial CODE: ☐ 2006 IRC (International Foundational Foundation							
SCOPE OF WORK Deck Size X = S	q. Ft. #Levels # Stairs						
TYPE OF CONSTRUCTION 5B Wood Frame Composite Decking Other: TYPE OF FOUNDATION FOOTINGS Formed Cement Pre-cast Concrete							
Information requested is required.	Information requested is required.						
OWNER	CONTRACTOR						
Address:	Address:						
City /Town State zip code Date of Birth: / / Month / Date / Year(ex.1960).	City/Town State zip code Business Phone:						
IF APPLICABLE PLEASE COMPLETE. As the owner of this property, I have assigned the following	License NoClassExpiration Date: Completed by intake Permit Technician						
Contractor/Person to pull this Building Permit on my behalf. Date:	□ Contractor License verified						
Owner Signature:	Contract Amt. \$Total Sq. Footage						
Representative/Agent Name	Estimated Time of Construction:						
Telephone:	CONTACT PERSON						
Email Address:	Person to answer Plan Review Questions & Permit Pick UP						
Site Address:	CONTACT DAY PHONE:						
	CONTACT CELL PHONE:						
Directions:	Email Address:						
IMPORTANT: It is the responsibility of the person issued this permit to insure adherence to all zoning and building regulations. It is the responsibility of the person issued this permit to contact this office for all building inspections and a final inspection must be conducted to close out the permit.							
▼	Date:						
Signature of Owner/Representative/Agent	Printed Name						

Deck #1 - Size:
Administrative Fee (if applicable) \$
Commercial Minimum \$75.00
Permit Fee ** \$ (\$.10 per sq.ft) Residential minimum of \$50.00 Commercial minimum \$125.00
Setback Fee ** <u>\$ 15.00</u>
Site Work Fee ** \$ <u>15.00</u>
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County Agreement in Lieu of Plans \$ 100.00
County Zoning Fee \$
LESS: Administrative Fee (if applicable) \$() Date paid
Total: \$
LIEN AGENT Address City, State, Zip
Phone and fax None Designated

- OWNER (Actin	g as Contractor) of (address)		firm that I am the owner of a	pertain tract or parcel of land located at
improve an existing structure	in the County of	Culpeper and that I have applied	d for a building permit to erect	a structure on said land or repair or
may bid or undertake conspecified in Section 54.11	tracting work of \$1,000 or i 11 of the Code which proh	more. I further certify that I an ibits any awarding authority fr	n familiar with the responsil om issuing permits or allov	or to be properly licensed before he bilities of an awarding authority ring the issuance of such permits to commission of a misdemeanor.
	B contractor for any job of	ensed as a Class C contractor f \$7,500 or more but less than \$1:		but less than \$7,500, that a contractor must be licensed as a Class A
suspended or abandoned for	or a period of 6 months at any			it issuance, or if construction or work is s 2.0% State surcharge (\$25.50) shall
this type of work will be com	plied with whether specified		permit does not presume to gi	sions of laws and ordinances governing ve authority to violate or cancel the
Signature of Owner		Print Name		Date
• • • • • • •	• • • • • • •			• • • • • • • • •
□ CONTRACTOR	R – AFFIDAVIT			
Iaddress of owner)structure or repair or impro	of (address)	said land known as (site addre	and that I have applied f	into a contract with (name and or a building permit to erect a
before he may bid or und awarding authority speci	lertake contracting work ified in Section 54.1111 or s to any contractor not pr	of \$1,000 or more. I further of the Code which prohibits a	certify that I am familiar wi ny awarding authority fron	ntractor to be properly licensed th the responsibilities of an n issuing permits or allowing the that to do so would constitute the
		licensed as follows (please inc my job of \$7,500 or more but le		contractor for any job of \$1,000 or s A contractor for any job of
subject to licensure as a co	ontractor, subcontractor, or	Title 54.1, Chapter 11, Code of owner-developer pursuant to upon or contract for the work f	such title. I affirm that I have	paid in full any license fees required
	or a period of 6 months at any	y time after work is commenced.		t issuance, or if construction or work is s 2.0% State surcharge (\$25.50) shall
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Signature of Contractor/Au	thorized Agent	Print Name		 Date

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Building Department 302 North Main Street Culpeper, VA 22701 540/727-3405 fax 540/727-3461



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 ☐ Residential ☐ Commercial CODE: ☐ 2006 IRC (International Foundational Foundation				
SCOPE OF WORK Deck Size X = S	q. Ft. #Levels # Stairs			
TYPE OF CONSTRUCTION ☐ 5B Wood Frame ☐ Co TYPE OF FOUNDATION FOOTINGS ☐ Formed Cement				
Information requested is required.	Information requested is required.			
OWNER	CONTRACTOR			
Address:	Address:			
City /Town State zip code Date of Birth: / / Month / Date / Year(ex.1960).	City/Town State zip code Business Phone:			
IF APPLICABLE PLEASE COMPLETE. As the owner of this property, I have assigned the following	License NoClassExpiration Date: Completed by intake Permit Technician			
Contractor/Person to pull this Building Permit on my behalf. Date:	□ Contractor License verified			
Owner Signature:	Contract Amt. \$Total Sq. Footage			
Representative/Agent Name	Estimated Time of Construction:			
Telephone:	CONTACT PERSON			
Email Address:	Person to answer Plan Review Questions & Permit Pick UP			
Site Address:	CONTACT DAY PHONE:			
	CONTACT CELL PHONE:			
Directions:	Email Address:			
IMPORTANT: It is the responsibility of the person issued this permit to insure adherence to all zoning and building regulations. It is the responsibility of the person issued this permit to contact this office for all building inspections and a final inspection must be conducted to close out the permit.				
•	Date:			
Signature of Owner/Representative/Agent	Printed Name			

FEE SCHEDULE ON BACK PAGE

FEE SCHEDULE DECK

=sq. ft. =sq. ft. =sq. ft.
Total sq. ft.
\$
\$
\$ 15.00
\$ <u>15.00</u>
\$
\$
\$ \$ 40.00
\$ 100.00
\$
\$() Date paid
\$
None Designated

5

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- OWNER (Actin	g as Contractor) of (address)		firm that I am the owner of a	pertain tract or parcel of land located at
improve an existing structure	in the County of	Culpeper and that I have applied	d for a building permit to erect	a structure on said land or repair or
may bid or undertake conspecified in Section 54.11	tracting work of \$1,000 or i 11 of the Code which proh	more. I further certify that I an ibits any awarding authority fr	n familiar with the responsil om issuing permits or allov	or to be properly licensed before he bilities of an awarding authority ring the issuance of such permits to commission of a misdemeanor.
	B contractor for any job of	ensed as a Class C contractor f \$7,500 or more but less than \$1:		but less than \$7,500, that a contractor must be licensed as a Class A
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Signature of Owner		Print Name		Date
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□ CONTRACTOR	R – AFFIDAVIT			
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before he may bid or und awarding authority speci	lertake contracting work ified in Section 54.1111 or s to any contractor not pr	of \$1,000 or more. I further of the Code which prohibits a	certify that I am familiar wi ny awarding authority fron	ntractor to be properly licensed th the responsibilities of an n issuing permits or allowing the that to do so would constitute the
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subject to licensure as a co	ontractor, subcontractor, or	Title 54.1, Chapter 11, Code of owner-developer pursuant to upon or contract for the work f	such title. I affirm that I have	paid in full any license fees required
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YOU'RE BUILDING A DECK and you have drawn your plans?

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TYPE OF CONSTRUCTION ☐ 5B Wood Frame ☐ Co TYPE OF FOUNDATION FOOTINGS ☐ Formed Cement				
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OWNER	CONTRACTOR			
Address:	Address:			
City /Town State zip code Date of Birth: / / Month / Date / Year(ex.1960).	City/Town State zip code Business Phone:			
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Contractor/Person to pull this Building Permit on my behalf. Date:	□ Contractor License verified			
Owner Signature:	Contract Amt. \$Total Sq. Footage			
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Email Address:	Person to answer Plan Review Questions & Permit Pick UP			
Site Address:	CONTACT DAY PHONE:			
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FEE SCHEDULE DECK

=sq. ft. =sq. ft. =sq. ft.
Total sq. ft.
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Contractor/Person to pull this Building Permit on my behalf. Date:	□ Contractor License verified			
Owner Signature:	Contract Amt. \$Total Sq. Footage			
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Site Address:	CONTACT DAY PHONE:			
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Directions:	Email Address:			
IMPORTANT: It is the responsibility of the person issued this permit to insure adherence to all zoning and building regulations. It is the responsibility of the person issued this permit to contact this office for all building inspections and a final inspection must be conducted to close out the permit.				
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FEE SCHEDULE DECK

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before he may bid or und awarding authority speci	lertake contracting work ified in Section 54.1111 or s to any contractor not pr	of \$1,000 or more. I further of the Code which prohibits a	certify that I am familiar wi ny awarding authority fron	ntractor to be properly licensed th the responsibilities of an n issuing permits or allowing the that to do so would constitute the
		licensed as follows (please inc my job of \$7,500 or more but le		contractor for any job of \$1,000 or s A contractor for any job of
subject to licensure as a co	ontractor, subcontractor, or	Title 54.1, Chapter 11, Code of owner-developer pursuant to upon or contract for the work f	such title. I affirm that I have	paid in full any license fees required
	or a period of 6 months at any	y time after work is commenced.		t issuance, or if construction or work is s 2.0% State surcharge (\$25.50) shall
governing this type of work	will be complied with whet		granting of a permit does n	provisions of laws and ordinances ot presume to give authority to struction.
Signature of Contractor/Au	thorized Agent	Print Name		 Date